



Medi-Chair, LLC/Redman Power Chair
1601 S Pantano Rd Ste 107
Tucson, Arizona 85710
Phone: (800) 727-6684
Fax: (520) 546-5530

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Primary Telephone _____

Diagnosis _____ ICD 9 CODE _____

BILLING INFORMATION

Primary Insurance Name _____

Medicare # (if applicable) _____

ID# _____ Telephone # _____

Secondary Insurance Name _____

ID# _____ Telephone # _____

PRESCRIPTION INFORMATION

Physician's Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Physical Therapist's Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

AUTHORIZATION OF RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby authorize REDMAN POWER CHAIR to release any medical information necessary to process my insurance claims to my insurer. I authorize payment directly to REDMAN POWER CHAIR.

Signature _____ Date _____